FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067138

Seniorstaff, Inc.

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Mailing Address

430 N. Tamiami Trail

Principal Place of Business

P.O. Box #48944

and I form from the 97 DEC 10 MM 9:31 SECICE MAIN OF STATE TALLAHASSEE, FLORIDA

S	Sarasota, FL 34236	Sarasota,	FL	34230)	
					3. Date Incorporated or Qualified 1996	3a. Date of Last Report N/A
2.	Principal Place of Business	2a. Mailing Address			4. F£I Number	Applied For
21	430 S. Tamiami Trail	26 P. O. BO	x #4	8944	65-0689855	No: Applicable
22	Suite, Apt #, etc. Suite-B	Suite Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State Sarasota, FL	City & State 28 Sarasota	, F1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	2ip Country 34236 25 USA	^{7φ} 34230		intry USA	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent
	Anthony V. Migliore 4173 Hearthstone Dri	WA		81 Name 82 Street	Address (P.O. Box Number is Not Acceptab	ole)
		v C			,	9766214
Sarasota, FL 34238				83	-12/18	3/9701073001
				84 City	米津米米 [65 -1 0 ****465.00
11	Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligated agent.	of Florida, Such change was	authorize	d by the con	corporation submits this statement for the poration's board of directors. I hereby acception	ourpose of changing its registered of the appointment as registered
SIGNATURE Anthony V. Migliore, President						11/25/97
511	Signature, typed or pristed name of registered agent			d Agent signature	required when reinstating)	DA*t
12	. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
President-Anthony V. Midliore				ΙLί		Change Addition
NAI	l l		12 N	AME		

SIGNATURE	an one of the second se					
	Signature, typed or printed hanc of registered agent at of tille if applicable (NOTE R	registered Agent signature requi				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President-Anthony V. Migliore	1 1 THLE	☐ Change ☐ Addition 👸			
NAME	4173 Hearthstone Drive	1.2 NAME	2			
STREET ADDRESS		13 STREET ADDRESS				
CITY-ST-ZIP		14 C/1Y - S1 - 7/P				
TITLE	DELITE	2170105	100002376621 - wid o			
NAME		2.2 NAME	-12/18/9701073002			
STREET ADDRESS		2 3 STREET ADDRESS	*****8.75 ******8.75			
CITY-ST-ZIP		2 4 CHY - S1 - ZIP				
TITLE	DELETE	3.1 7011	Change Addition			
		2.2 \$14445	•			

TITLE	DELETE	21 100 5	1000023 7662 1
NAME		2.2 NAME	-12/18/9701073002
STREET ADDRESS		2 3 STREET ADDRESS	*****8.75 *****8.75
CITY-ST-ZIP		2 4 CHY-S1-ZIP	
TITLE	DELETÉ	3.1 1111 !	Change Addition
NAME #		3.2 NAME	·
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY - S1 - 7/P	
TITLE	11130	4 1 111LF	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CHY+ST+ZIP	
TITLE	☐ DELETE	5.1 THLE	Addition:
NAME		5.2 NAME	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS		5.3 STREET ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-ZIP		5.4 CHY+S1+7IP	\ <u>\</u>
TITLE	DEFITE	6.1 TIME	Change Addition
NAME		62 NAVE	
STREET ADDRESS		63 STREET ADDRESS	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attactorient with an address

SIGNATURE:

11/25/97

Date

1-941-364-9996 or

COMMAND CENTRAL: 1280 N. PALM AVENUE SARASOTA, FL 34236 941 . 364 . 9996

Award-Winning Service Since 1989

4900 MANATEE AVE. W. BRADENTON, FL 34209 941 . 748 . 3333

> MAILING ADDRESS P.O. BOX 48944 SARASOTA, FL 34230

MIDWEST AFFILIATE
HLR, INC.
1416 FRANKLIN ST.
MICHIGAN CITY, IN 46360

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 E GAINES ST
TALLAHASSEE FL 32399
RE SENIORSTAFF P96000067138

TO WHOM IT MAY CONCERN;

ON 11-10-97, we received your notice of cancellation of this company, due to the fact that a check was never received. When we received the check for this company in June for completion. it was again, sent back to you. The original check for \$165.00 was mailed on 4-9-97 and returned to you on 6-10-97)

The check number is 12513, printed on 4-9-97. I spoke with the bank this am and the check has never cleared, it also has never been voided in the computer. That check is still out there, and this does not suprise me.

This am I talked with Mr Shaun Logan, Div of Corp., and he advised me to resubmit the application and a check for \$165.00, which is enclosed.

If the check by some means gets to you (check 12513), Shaun advised me that I will be contacted, and I would prefer that you keep it and apply it to 1998.

If you have any questions, please call me. Thank you again

RENEE MIGLIORE 219-879-5600